

**Annual Filing Fee and
Insurance Company License Renewal Lock Box Form**

This form, a check for the appropriate amount made payable to the Commonwealth of Massachusetts Division of Insurance, and a License Renewal Application (if required) should be mailed to:

**Division of Insurance
Annual Filing Fee / Company License Renewal
PO Box 370039
Boston, MA 02241-0739**

Check Number: _____ **Check Amount: \$** _____

NAIC #: _____	Company Name: _____
Date: ____ / ____ / ____ (YY) (MM) (DD) <small>(e.g., January 5, 2004 = 04/01/05)</small>	Contact Person: _____
	Contact Person Mailing Address: _____ _____
Phone #: (____) _____ - _____ ext.: ____ Fax #: (____) _____ - _____	
E-mail Address: _____	

Payment Type - Check (✓) all payment types that apply to the above referenced check.
More than one payment type may be included in a single check, but
DO NOT include more than one company per check.

Please note all fees are NONREFUNDABLE.

[A] Annual Filing Fee (Due March 1, 2004) \$ 150.00 - - - - (____)
(Required for all foreign companies licensed or authorized to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; Surplus Lines; Accredited Reinsurers; Approved Reinsurers; and Title Companies)

Combined Annual Statement Filing Fee (Due May 3, 2004) \$ 150.00 - - - - (____)
(Required for all Property & Casualty insurers that are licensed or authorized to transact insurance business in the Commonwealth of Massachusetts. This also includes Surplus Lines Companies; Accredited Reinsurers; and Approved Reinsurers.)

[B] Foreign Company License Renewal Fee
(Required for all foreign companies licensed to transact insurance business in the Commonwealth of Massachusetts. This includes Property & Casualty, Life; Accident & Health; and Title Companies)

[B1] Companies licensed without Designation 51 or 54 \$ 250.00 - - - - (____)

[B2] Companies licensed with Designations 51 or 54 \$ 279.00 - - - - (____)

[C] Fraternal Benefit Societies

[C1] Annual Statement Filing Fee \$ 6.00 - - - - (____)

[C2] Fraternal License Renewal Fee \$ 25.00 - - - - (____)

Total (Should match field at top of form) **[A + B + C]** = \$ _____

For assistance filling out this Lock Box Form, please e-mail the Company Licensing Section of the Massachusetts Division of Insurance at companies.mailbox@state.ma.us